

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | <i>W</i> |        | 11-14-01 |
| O.I.P.E. CLASSIFIER       |          | 12     | 11/27    |
| FORMALITY REVIEW          | <i>R</i> | 972    | 11-28-01 |
| RESPONSE FORMALITY REVIEW |          |        |          |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 :- ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1     | ✓     | 5-1-01   |      |
| 2     | ✓     | 5-1-01   |      |
| 3     | ✓     | 5-1-01   |      |
| 4     | ✓     | 5-1-01   |      |
| 5     | ✓     | 5-1-01   |      |
| 6     | ✓     | 5-1-01   |      |
| 7     | ✓     | 5-1-01   |      |
| 8     | ✓     | 5-1-01   |      |
| 9     | ✓     | 5-1-01   |      |
| 10    | ✓     | 5-1-01   |      |
| 11    | ✓     | 5-1-01   |      |
| 12    | ✓     | 5-1-01   |      |
| 13    | ✓     | 5-1-01   |      |
| 14    | ✓     | 5-1-01   |      |
| 15    | ✓     | 5-1-01   |      |
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| 17    | ✓     | 5-1-01   |      |
| 18    | ✓     | 5-1-01   |      |
| 19    | ✓     | 5-1-01   |      |
| 20    | ✓     | 5-1-01   |      |
| 21    | ✓     | 5-1-01   |      |
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| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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